

State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor

Date: April 18, 2003

To: FAMILY PACT PROVIDERS

Subject: FAMILY PACT PROGRAM LETTER 03-04
FAMILY PACT PROGRAM EVALUATION ACTIVITIES

The purpose of this letter is to inform you of evaluation activities that may require your participation in the coming months. As explained in previous letters, the California Department of Health Services (DHS), Office of Family Planning (OFP), together with the Center for Reproductive Health Research and Policy at the University of California, San Francisco (UCSF), has been conducting a large, multi-faceted program evaluation to meet the requirements of the Family PACT Medicaid 1115 (b) Demonstration Project. As part of the evaluation, co-directed by OFP staff and Doctors Claire Brindis, Dr. P.H., Felicia Stewart, M.D., and Phillip Darney, M.D. at UCSF, client interviews will be conducted at selected Family PACT provider sites during Summer and Fall 2003. This effort may require your participation.

During the next seven months, the Public Health Institute (PHI) will be conducting the client exit interviews to assess the quality of services provided under Family PACT. Approximately 1,520 interviews will be conducted at approximately 40 sites in 13 counties. This letter is to inform you that you may be selected to participate as a site where client exit interviews will be conducted by PHI. The sample size will be selected over the next few weeks and the selected provider sites will be notified of their inclusion by a representative of PHI at which point the logistical requirements will be explained in greater detail. Your participation is greatly appreciated.

Periodically, OFP will inform you of additional evaluation activities and you may be asked to participate. Your cooperation with these activities is key to the evaluation process that will record the progress of Family PACT towards meeting the Waiver Demonstration Project goals and objectives.



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Please be reminded of the Application and Agreement document that is part of the Family PACT provider enrollment process. Section II, page 3 includes the following statement:

"I agree to cooperate and participate in the evaluation effort of the Family PACT program determined by DHS."

By your signature on the Application and Agreement, you have agreed to participate in the program evaluation. You may be contacted over the next four years regarding these efforts.

Thank you in advance for your support and assistance. If you have any questions or comments, please call Janet N. Treat, P.H.N., M.N., Chief, Clinical Services Section, Office of Family Planning at (916) 654-0357.

Sincerely,

(Original signed by)

Anna Ramírez, M.P.H., Chief
Office of Family Planning